

QUILTERS OF SOUTH CAROLINA MEMBERS' QUILT EXHIBIT

July 17 & 18, 2020 ~ Jamil Shrine Temple, 206 Jamil Road, Columbia, SC

Entry must be postmarked between May 25 & 29, 2020.

Must be a member of QSC in good standing as of May 29, 2020.

Please type or print all information.

Name: _____ Local Guild: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ E-mail: _____

Entry Title: _____

Made by: _____ Year Completed: _____

Quilted by: _____ Width (inches): _____ Length (inches): _____

Is this a Youth Entry? Yes _____ No _____ If Yes, Sponsor Name: _____

Entry Description / Information:

(35 words or less; may include materials used, history, inspiration, credits. Description will be displayed with Entry in the Exhibit. The Quilt Exhibit Committee reserves the right to edit the description.)

Indicate Delivery Choice (check ALL that apply):

____ I (or my designee) will hand deliver my Entry to Jamil Shrine Temple on Thursday, July 16, 2020 between 9:00 a.m. and 11:00 a.m.

____ I (or my designee) will pick up my Entry at the Jamil Shrine Temple on Saturday, July 18, 2020 after the close of the Exhibit.

____ I will ship ** my Entry to arrive between Monday, July 6 and Friday, July 10, 2020.

____ I will include a pre-paid return shipping label ** with my Entry.

** I understand that I am responsible for all shipping and insurance fees for delivery and/or return. _____ (initials)

Hold Harmless Statement: By my signature below, I indicate that I have read and agree to abide by all conditions stated on this Entry Form and Entry Instructions. I understand that Quilters of South Carolina ("QSC") reserves the right to refuse any entry that does not meet the guidelines. I understand that QSC will take precautions to safeguard my Entry, but that QSC will not be responsible for any loss or damage to my Entry. Therefore, it is my personal responsibility to insure my Entry. I further understand that all quilts will be photographed for QSC purposes, which may include future publicity, and for archival purposes.

Signature REQUIRED: _____ Date: _____

To be completed by Registrar =====

Check # _____ Cash _____ Registration # _____

Mail to: Corky Ledbetter, 6904 Lone Pine Ct., Hanahan, SC 29410. You must include a SASE.